

NEWARK GRADE SCHOOL/MILLBROOK JR. HIGH

2018-2019

***Please be sure to notify the school office of any changes to this information during the school year.**

1. _____
 2. _____
 3. _____
 4. _____

Last Name	First	Middle	M/F	D.O.B.	Grade	Allergies/Medications
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MAILING ADDRESS _____

P.O. Box	Number & Street	County
HOME PHONE _____		
(Town) _____	(Zip) _____	

With whom does the student(s) live at the above address: Child resides with:
 Father & Mother Father Only Mother Only Father & Stepmother
 Mother & Stepfather Legal Guardian(s) Other

A. MOTHER'S NAME _____
(Address if different)

EMPLOYED BY _____
 WORK PHONE () _____ HOURS _____ CELL PHONE () _____

B. FATHER'S NAME _____
(Address if different)

EMPLOYED BY _____
 WORK PHONE () _____ HOURS _____ CELL PHONE () _____

C. NAME OF STEP-PARENT OR GUARDIAN IF LIVING WITH STUDENT:

EMPLOYED BY _____ HOURS _____ CELL PHONE () _____

IN CASE OF EMERGENCY, PLEASE LIST PEOPLE TO BE CONTACTED:

1st A B C 2nd A B C

3 rd	Name	Home and/or Cell Number	Relationship
4 th	Name	Home and/or Cell Number	Relationship

PHYSICIAN _____
Name Phone Number

HOSPITAL _____

E-Mail Address _____ (Will not be used in student directory)

Ethnicity: (please circle) White Hispanic/Latino Black American Indian/Alaskan Native Asian
Hawaiian/Pacific Islander Two or more races

Primary Language spoken in the home English Spanish Other _____

Does the child speak any other language other than English? YES NO

If yes what other languages are spoken? _____

Are any other languages other than English spoken in the home? YES NO

If yes what other languages are spoken in the home? _____

Parent/Guardian is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. YES NO

1. I give permission to school personnel to make whatever emergency (i.e. first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child under the supervision of the school.

In case of medical emergency, I understand that my child will be transported to a hospital by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

2. I give permission for my child to participate in all field trips during the 2018-2019 school year. I also give permission for my child to ride the shuttle bus between Newark Grade School and Millbrook Jr. High for any school related activities that take place during the 2018-2019 school year. I understand that I will be given information relating to each field trip/activity before it takes place.

I also understand that by consenting to allow my child to go on a field trip or ride the shuttle bus between Newark and Millbrook, I waive the right to bring suit for damages against any employee of the Newark Grade School District #66 for any injuries said pupil may incur during a conducted field trip or bus shuttle.

3. I give permission for Newark Grade School/Millbrook Jr. High School to take my child's picture. I understand that the picture(s) may be used for publicity purposes (i.e. newspaper, slide presentation, etc.)

4. A student directory including student name, parents/guardians names, grade, address and phone number will be printed.

YES, include my child/children in the directory

NO, DO NOT include my child/children in the directory

My signature authorizes 1, 2, 3, and 4 above.

Date _____ Parent/Guardian Signature _____

PRESCHOOL CHILDREN:

PLEASE LIST NAMES AND BIRTHDATES OF ANY PRESCHOOLERS AT HOME:

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

Newark Grade School District 66
Registration Fees 2018-2019

FAMILY NAME _____

CURRICULUM / BOOK RENTAL FEES 2017-2018 **AMOUNT**

Grades K-4 105.00
Grades 5-8 130.00

(Student's Name)

Kindergarten for _____
1st Grade for _____
2nd Grade for _____
3rd Grade for _____
4th Grade for _____
5th Grade for _____
6th Grade for _____
7th Grade for _____
8th Grade for _____

Late Fee: If paid after final registration date August 7, 2018 - \$25.00 per student

STUDENT PLANNER - \$5.00 for Grades 4-8 _____

SCHOLASTIC BOWL - \$25 _____

SPORTS FEES (\$50.00 each)

Soccer for _____
(5-8 Grade)

Volleyball _____
(5-8 Grade Girls)

Boys Basketball for _____
(5-8 Boys)

Girls Basketball for _____
(5-8 Grade Girls)

Cheerleading for _____
(5-8 Grade)

Track for _____
(5-8 Grade)

A SPORTS FEE OF \$50.00 FOR SOCCER, VOLLEYBALL, BASKETBALL, CHEERLEADING AND/OR TRACK MUST BE PAID BY ALL ATHLETES PRIOR TO THE FIRST PRACTICE.

PE – ROLLER SKATING - \$10.00 (K-4) _____

MUSIC (\$15.00) Recorder Fee

Mandatory for 4th Grade Only

Recorder Fee for _____

HEADPHONES – \$5.00 OPTIONAL (Can be purchased on own) _____

Sub Total _____

MILK \$.35 each

1 Day=\$.35 5 Day = \$1.75 10 Day= \$3.50 20 Day= \$7.00

<u>NAME</u>	<u>GRADE</u>					<u>AMOUNT</u>
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

LUNCH

	<u>1 Day</u>	<u>5 Days</u>	<u>10 Days</u>	<u>20 Days</u>
Grades K-8	\$3.00	15.00	30.00	60.00
High School	\$3.50	17.50	35.00	70.00
Adult	\$3.50	17.50	35.00	70.00
Entrée	\$1.00 extra per day for High School			

<u>NAME</u>	<u>GRADE</u>					
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

TOTAL _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **NEWARK GRADE SCHOOL**
PAY ONLINE AT: ngsd66.org and look for the EPay logo on the right side of home page

OR: <https://www.epayillinois.com/Home/ShowSiteLandingPage/23140>

MEDICAL INFORMATION & EMERGENCY CARE PLAN 2018-2019

Student's Name _____ Grade _____ School Yr _____
Sex: M or F _____ DOB _____ School _____
Parent/Guardian Name _____ Phone # (Home) _____ (Work) _____
Parent/Guardian Name _____ Phone # (Home) _____ (Work) _____
Other (Relationship) _____ Phone # (Home) _____ (Work) _____
Physician's Name _____ Office Phone # _____
Hospital of Choice _____

PLEASE CHECK ALL HEALTH CONCERNS THAT APPLY TO YOUR CHILD:

ASTHMA DIABETES SEIZURES BEE STING ALLERGY FOOD ALLERGY
 LATEX ALLERGY ADD/ADHD OTHER
 NO HEALTH CONCERNS

Please COMPLETE ONLY the sections that apply to your child:

ASTHMA

Medications at this time?	Yes	No	Self-Administered?	Yes	No
Medication _____			Dosage _____		Times Given _____
Medication _____			Dosage _____		Times Given _____

Any restrictions/limitations due to the asthma? _____
Procedure to follow when your child has an asthma attack: _____

Approximately how often does your child have an acute episode? _____
Does your child understand asthma and how to manage it? Yes No

DIABETES

Medications at this time?	Yes	No	Self-Administered?	Yes	No	Insulin Pump?	Yes	No
Medication _____			Dosage _____			Times Given _____		
Medication _____			Dosage _____			Times Given _____		

How long has your child been diabetic? _____ Currently under control? Yes No
Does your child understand diabetes/its management? Yes No Does your child recognize symptoms? Yes No
What symptoms does your child experience when becoming hypoglycemic (low blood sugar)? _____

What form of glucose will be provided for a hypoglycemic reaction? _____
Are snacks required during the school day? Yes No Please specify type of snacks and time to be given: _____

Procedure to follow when your child has an insulin reaction: _____

SEIZURE

Medications at this time?	Yes	No		
Medication _____			Dosage _____	Times Given _____
Medication _____			Dosage _____	Times Given _____

When was the last seizure? _____ Describe the type of seizure: _____
Any restrictions/limitations due to the seizures? _____
Procedure to follow when your child has a seizure: _____

OVER....SIGNATURE REQUIRED ON REVERSE SIDE

BEE STING ALLERGY

Will your child have an Epi-Pen at school? Yes No
When was the last reaction? _____ What medical treatment was provided and by whom? _____

Describe the signs/symptoms of the reaction? _____
Procedure to follow when your child has a reaction: _____

FOOD ALLERGY

What food(s) is your child allergic to? _____
What symptoms does your child exhibit when they are having a reaction? _____
Does he/she react to: (Circle all that apply)

Ingestion Touch Smell
Does your child understand his/her food allergy and what he/she needs to do to manage it? Yes No
Does your child have an Epi-Pen? Yes No
Does your child know how and when to use the Epi-Pen? Yes No
Medications at this time? Yes No
Medication _____ Dosage _____ Times Given _____
Procedure to follow when your child has a reaction: _____

LATEX ALLERGY

What symptoms does your child exhibit when they are exposed to latex? _____
When was the last reaction? _____ What medical treatment was provided and by whom? _____
Procedure to follow when your child is exposed to latex: _____

ADD/ADHD

When was your child diagnosed with ADD or ADHD? _____
Medications at this time? Yes No
Medication _____ Dosage _____ Times Given _____

OTHER HEALTH CONCERNS

List any other health concerns/diagnoses your child has: _____
When was he/she diagnosed? _____ Does your child understand the diagnosis? Yes No
Medications at this time? Yes No
Medication _____ Dosage _____ Times Given _____
Medication _____ Dosage _____ Times Given _____
List any restrictions/limitations related to the diagnosis: _____

IN ORDER TO MEET THE HEALTH AND EDUCATIONAL NEEDS OF THE STUDENT, I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED WITH MEMBERS OF THE EDUCATIONAL TEAM. THIS WILL BE DONE ON A "NEED TO KNOW" BASIS, IN A CONFIDENTIAL MANNER.

Parent/Guardian Signature: _____ Date: _____

**Newark Community Consolidated School
District # 66**

Newark Grade School
503 Chicago Road
Newark, Illinois 60541
Phone 815-695-5143
Fax 815-695-5776
Demetra Turman, Superintendent

Millbrook Jr. High
8411 Fox River Drive
Millbrook, Illinois 60536
Phone 630-553-5435
Fax 630-553-1027
Jan Lenci, Principal

MANDATORY – PLEASE RETURN

Student _____ **School year** 2018 - 2019

To be read and signed by the student-participant and his/her parent/guardian:

Dear Parents/Guardians:

Millbrook Jr. High/Newark CCSD 66 is requesting that 6th, 7th and 8th grade students participate in a curriculum-based 1:1 Technology Program. You must authorize your child's participation in the program by agreeing to the following terms and discussing them with your child. This authorization and agreement needs to be signed only once while your child is enrolled in the District.

Your child must also sign the District's *Acceptable Use of Electronic Networks* agreement to participate in the program, which has been provided to you in your handbook, and that agreement will be given the first day of school. The violation of any laws or Board policies while participating in the program may result in the loss of your child's privilege to participate in the program. Remember that you are legally responsible for your child's actions. If you agree to allow your child to participate in 1:1 program, sign the authorization and agreement below and return it to your school.

The teacher's role in the program is that of instructor in your child's classroom. If there are technical difficulties with your student's device, they should contact Mr. Lee. Parents/guardians and their children share the responsibility for technical support and providing a properly charged device. If the student's device has technical difficulties at no fault of the student: (1) another device may be provided, if available, or (2) students may be asked to partner with another student who has a functioning device during a lesson. The District will also expect you and your child to keep the device free from viruses, malware, and/or any other harmful programs that could damage the District's electronic network. Finally, the right to privacy on your child's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.

Repair Fees if Necessary:

Replace Entire Device	\$200	Motherboard	\$95.00
LCD screen panel	\$ 85	Battery	\$45.00
Keyboard	\$ 35	Trackpad	\$25.00
AC Adapter/Cord	\$ 25		

Dings/Chips or other damage not covered above will be a buy-out cost at the end of the year for the cost of the device.

**Newark Community Consolidated School
District # 66**

1:1 Technology Program Participation Authorization and Responsible Use Agreement

I hereby request that my child be allowed to participate in the District's 1:1 program. *(Please indicate agreement by initialing the checkbox.)*

- I have read this *1:1 Participation Authorization and Responsible Use* agreement. I understand the program is designed for educational purposes and that the District's Internet gateway must be accessed to minimize access to inappropriate material.
- I will hold harmless the District, its employees, agents, and Board members, for any harm caused by materials or software obtained via the District's network and compliance with federal law(s) (the Children's Internet Protection Act (CIPA) requirements).
- I have read, discussed with my child and signed the *Student Acceptable Use Policy* form and *Policy 6:235 Access to Electronic Networks* (available on our webpage and in the handbook section of the agenda.)
- I understand that my child and I share the responsibility for keeping the device free from viruses, malware and/or any other harmful programs that could infect or harm the District's electronic network.
- I understand that the District provides liability protection for the 1:1 device, but if continual problems or replacements are required due to my student's neglect, I may be assessed an additional fee, as stated on page 1.
- I understand that my child's privacy rights in his/her school's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.
- I consent that my child may not share another student's device, or in the alternative, be asked to share his/her device with another student, unless directed by the classroom teacher or administration.
- I understand that my child may not share their personal login/password with another student or individual other than myself.

Parent/Guardian *(please print)*

Date

Parent/Guardian signature

Student signature

To be read and signed by student and parent/guardian who is not participating:

I have decided **not to participate** in the 1:1 program sponsored by the School District for this school year. In order for me to participate in the 1:1 program at a later date, I understand that I must contact the Building Principal and sign the above 1:1 *Technology Program Participation Authorization and Responsible Use Agreement Form*.

Parent/Guardian *(please print)*

Date

Parent/Guardian signature

Student signature

Newark Grade School District #66 / Newark Community High School District #18

SCHOOL BUS ACCIDENT

Release of Minors Involved in School Bus Incidents

POLICY

STATEMENT: Incidents involving school buses pose unique challenges to the EMS provider in assuming proper release of uninjured children. Once Medical Control confirms that the minor children are not injured, the custody and responsibility for these uninjured children will remain with the responding EMS provider until the children are transferred to parents, legal guardians, school officials or the hospital. If no procedure exists to have children transferred to a parent, legal guardian or school official, then these children will need to be transported to the hospital.

PURPOSE: To reduce the number of uninjured children transported to the hospital and to reduce the EMS time and resources used at the scene of school bus accidents.

PROCEDURE:

- A. On arrival at the scene, EMS personnel shall determine the category of the incident and request appropriate resources. EMS must also accomplish a complete assessment of the scene to include at least: mechanism of injury, number of patients, damage to the vehicle, triage as outlined in the System Plan. Once this has been accomplished, then the patients may be assigned to one of the following categories:
 1. CATEGORY A: Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have significant injuries: (IE: roll-over, high speed impact, intrusion into the bus etc.) or significant injury is present in one or more children. All children in this incident category must be transferred to an appropriate hospital unless a System refusal form is signed by a parent or legal guardian.
 2. CATEGORY B: Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have minor injuries: (IE: speed of impact, intrusion into bus, etc.) or minor injury in one or more children exists with no obvious mechanism of injury that could reasonably be expected to cause significant injuries. EMS personnel must complete an EMS multiple casualty form and secure a signature of an appropriate school official.
 3. CATEGORY C: Mechanism of injury, school bus occupancy indicates no injuries may be present and that the release of uninjured children may be the only EMS need. No injuries are present in any children and no obvious mechanism of injury exists (use approved System Multiple Patient Release School Bus Incident form).
 4. CATEGORY D: If the pediatric patient(s) have special healthcare needs and/or communications difficulties, then all of these patients must be transported to the hospital for evaluation and disposition unless approval for release is received from Medical Control or parent/legal guardian has signed the approval refusal form.
- B. After determining the category of the incident, EMS personnel shall determine the extent of EMS involvement and contact Medical Control. Medical Control shall approve the implementation of this policy.

MANDATORY FORMS ATTACHED

- C. Adults, victims 18 years old and older, and occupants of other vehicles will be treated or released in accordance with routine system operating procedures.
- D. If Medical Control has approved usage of this policy/plan, then each provider will implement their procedure for contacting parents, legal guardians or appropriate school officials to receive custody of uninjured children.

The approval system Multiple Casualty form for School Bus Incidents must be utilized for all children who will not be transported.

Each child transported must have a completed run report.

One run report indicating the nature of the incident (etc.) shall be completed and must include all information regarding the incident including the number of patients released. Keep a copy of this report with the release form or with refusal forms signed by the parents.

Parents/legal guardian(s) or appropriate school official must be given a copy of the Patient Education sheet for refusal release of care.

Any parent or legal guardian who arrives on scene to remove and assume responsibility for their child will be requested to sign an individual refusal form.

- E. EMS providers shall use reasonable means to contact the parents and school officials. This could include use of telephone, cellular phone or direct contact by police. If contacted by phone, EMS providers shall take reasonable means to confirm the identity and authority of the parent or school official.
- F. Once the identity and authority of the parent or school official has been established, the EMS provider may release the child to the parent, guardian, school official or alternate transport source. School officials will follow their established program for informing parents and/or legal guardians in regard to incidents.
- G. *The health and safety of the child is the primary concern. It is the responsibility of the EMS provider to assure the child is returned to the parent or placed on the schools alternate transport vehicle. If the EMS provider on the scene determines a child should receive a physician evaluation or offered medical care, the child WILL BE TRANSPORTED to the hospital unless the parents are on scene and consent to refusal.*
- H. Each Pre-hospital provider agency in the System who may likely respond to a school bus accident, must contact the school superintendent in their district to obtain the name and title of the "appropriate school official" who may take responsibility for the children on the bus involved in the accident.
- I. Utilization review (CQI) will be conducted by the EMS System of the agency(s) involved for each implementation of this procedure.

NEWARK GRADE SCHOOL DISTRICT #66 / NEWARK HIGH SCHOOL DISTRICT #18

Bus Accident Policy

I/We, have received, read and understand the Newark Community High School District #18 "Bus Accident Policy".

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

AFTER A BUS ACCIDENT PARENT REQUEST FORM

CHECK ONLY ONE BOX

YES

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child (children) also transported to the hospital to be checked.

This decision is made even though the EMS personnel determine that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

NO

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel has determined that my child (children) was (were) **NOT** injured and was (were) **NOT** to be sent to the hospital, I give permission for the EMS personnel to release my child (children) to an authorized school official. I understand that my child (children) will be transported back to NCHS.

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

Continued on next page

MANDATORY – PLEASE RETURN

FAMILY BUS INFORMATION (K-12)

Newark H.S., Millbrook Jr. High, Lisbon Grade, Newark Grade School

2018/2019 School Year

(check all that apply)

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Street Address: _____ Phone: _____

Parent Name: _____ Parent Signature: _____

My child (children) will ride the bus to and from the "designated stop" closest to his/her home on a consistent basis, and may also be transported by bus for any school related function (IE: fieldtrips, trips, FFA activities, band, chorus, sporting events, etc.)

My child (children) does not ride a bus on a daily basis to and from school, but can be transported by bus for any school related function (IE: field trips, FFA activities, band, chorus, sporting events, etc.)

PLEASE CALL 815-695-5164 IF ANY CHANGES IN YOUR CHILD'S TRANSPORTATION IS NECESSARY. Please do NOT make arrangements for your child to go to a friend's home after school on the school bus, unless it is an emergency. Due to capacity limits we may not approve this type of change.

TRANSPORTATION 2018-2019

PLEASE FILL OUT ONE FORM PER FAMILY

FAMILY NAME: _____

_____ Lives in town and not eligible for transportation. My child(ren) are car riders or walkers. Please list child(rens) name(s) and grade.

_____ grade _____ grade _____ grade _____ grade _____

ANYONE WHO IS ELIGIBLE TO RIDE A BUS NEEDS TO FILL OUT THE REST OF THIS FORM. EVEN IF YOU ARE OCCASIONALLY DRIVEN TO SCHOOL OR ALWAYS GET DRIVEN TO SCHOOL WE STILL NEED TO KNOW IF YOU ARE ELIGIBLE.

NAME OF STUDENT(S)

GRADE OF STUDENT(S)

ADDRESS (street address and town)

Parents/Guardians Names and Contact Numbers (Who the bus driver should call about pick-up and drop off times)

*Please put an **X** next to the statement(s) that apply to your children.

Will most likely always ride the bus to and from school _____

Will occasionally ride the bus to and from school _____

WILL NOT be riding the bus to and from school even though eligible _____

Will only ride the bus in the morning _____

Will only ride the bus in the evening _____

Lives in town Newark and will ride the shuttle bus to and from MJH _____

Have an 8th grader that will be transported to the H.S. for 1st hour _____

Newark Community Consolidated School

5-8 Grades

District # 66

Ms. Demetra Turman, Superintendent

Ms. Jan Lenci, Principal

PLEASE FILL OUT 1 FORM PER ATHLETE FOR THE 2018-2019 SCHOOL YEAR (5-8 Only)

PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

Date of Birth _____ Grade _____ Soccer ___ Volleyball ___ Cheerleading ___ Track _____
Boys Basketball ___ Girls Basketball _____

_____ has my permission to participate in athletics at Newark Grade
Student's Name School/Millbrook Jr. High School

FATHER'S NAME _____ Home Phone _____ Work Phone _____

MOTHER'S NAME _____

In case of an emergency and we are unable to contact either parent, we need the names and phone numbers of one blood relative and one neighbor who would be able to locate the parents, and/or act on their behalf.

RELATIVE'S NAME _____ Home Phone _____ Work Phone _____

NEIGHBOR'S NAME _____

Please list your hospital and doctor preference:

Hospital _____ Phone # _____ Doctor _____ Phone # _____

PLEASE READ BEFORE COMPLETING AND SIGNING

I hereby give my permission to any qualified physician or trainer to administer emergency treatment to the above named student when the supervisor/coach feels there is such a need for emergency treatment. YES NO

The student named above is covered by my family hospitalization and medical insurance. If yes, name of company: YES NO
_____ OR

The student named above is covered by the insurance offered by the school. (Student MUST be covered by this insurance unless covered by family insurance listed above.) YES NO

I have received and understand the district eligibility policy.

I have received and understand the district concussion policy.

SIGNATURE OF PARENT OR GUARDIAN _____